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7
8 **BEFORE THE**
BOARD OF REGISTERED NURSING
9 **DEPARTMENT OF CONSUMER AFFAIRS**
STATE OF CALIFORNIA

10 In the Matter of the Accusation Against:

Case No. 2010-151

11 **KATHLEEN JOAN MORA**
12 **aka KATHLEEN JOAN CONWAY**
3613 Branson Drive
13 San Mateo, California 94403

A C C U S A T I O N

14 **Registered Nurse License No. 509342**

15 Respondent.
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18 Complainant alleges:

19 **PARTIES**

20 1. Louise R. Bailey, M.Ed., RN (Complainant) brings this Accusation solely in her
21 official capacity as the Interim Executive Officer of the Board of Registered Nursing, Department
22 of Consumer Affairs.

23 2. On or about March 8, 1995, the Board of Registered Nursing issued Registered Nurse
24 License Number 509342 to Kathleen Joan Conway (Respondent). Respondent later changed her
25 name Kathleen Joan Mora. The Registered Nurse License was in full force and effect at all times
26 relevant to the charges brought herein and expired on August 31, 2008, unless renewed.

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JURISDICTION

3. This Accusation is brought before the Board of Registered Nursing (Board), Department of Consumer Affairs, under the authority of the following laws. All section references are to the Business and Professions Code unless otherwise indicated.

4. **Section 2750** of the Business and Professions Code ("Code") provides, in pertinent part, that the Board may discipline any licensee, including a licensee holding a temporary or an inactive license, for any reason provided in Article 3 (commencing with section 2750) of the Nursing Practice Act.

5. **Section 2764** of the Code provides, in pertinent part, that the expiration of a license shall not deprive the Board of jurisdiction to proceed with a disciplinary proceeding against the licensee or to render a decision imposing discipline on the license.

6. **Section 2761** of the Code states:

"The board may take disciplinary action against a certified or licensed nurse or deny an application for a certificate or license for any of the following:

"(a) Unprofessional conduct, which includes, but is not limited to, the following:

"(1) Incompetence, or gross negligence in carrying out usual certified or licensed nursing functions."

7. **Section 2762** of the Code states:

"In addition to other acts constituting unprofessional conduct within the meaning of this chapter [the Nursing Practice Act], it is unprofessional conduct for a person licensed under this chapter to do any of the following:

"(a) Obtain or possess in violation of law, or prescribe, or except as directed by a licensed physician and surgeon, dentist, or podiatrist administer to himself or herself, or furnish or administer to another, any controlled substance as defined in Division 10 (commencing with Section 11000) of the Health and Safety Code or any dangerous drug or dangerous device as defined in Section 4022.

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"(b) Use any controlled substance as defined in Division 10 (commencing with Section 11000) of the Health and Safety Code, or any dangerous drug or dangerous device as defined in Section 4022, or alcoholic beverages, to an extent or in a manner dangerous or injurious to himself or herself, any other person, or the public or to the extent that such use impairs his or her ability to conduct with safety to the public the practice authorized by his or her license.

...

"(e) Falsify, or make grossly incorrect, grossly inconsistent, or unintelligible entries in any hospital, patient, or other record pertaining to the substances described in subdivision (a) of this section."

8. California Code of Regulations Title 16, section 1442 states:

"As used in Section 2761 of the code, "gross negligence" includes an extreme departure from the standard of care which, under similar circumstances, would have ordinarily been exercised by a competent registered nurse. Such an extreme departure means the repeated failure to provide nursing care as required or failure to provide care or to exercise ordinary precaution in a single situation which the nurse knew, or should have known, could have jeopardized the client's health or life."

COSTS

9. Section 125.3 of the Code provides, in pertinent part, that the Board/Registrar/Director may request the administrative law judge to direct a licentiate found to have committed a violation or violations of the licensing act to pay a sum not to exceed the reasonable costs of the investigation and enforcement of the case.

CONTROLLED SUBSTANCES / DANGEROUS DRUGS

10. Code section 4021 states:

"'Controlled substance' means any substance listed in Chapter 2 (commencing with Section 11053) of Division 10 of the Health and Safety Code."

11. Code section 4022 provides:

"'Dangerous drug' or 'dangerous device' means any drug or device unsafe for self-use in humans or animals, and includes the following:

“(a) Any drug that bears the legend: ‘Caution: federal law prohibits dispensing without prescription,’ ‘Rx only’ or words of similar import.

“(b) Any device that bears the statement: ‘Caution: federal law restricts this device to sale by or on the order of a _____,’ ‘Rx only,’ or words of similar import . . .

“(c) Any other drug or device that by federal or state law can be lawfully dispensed only on prescription or furnished pursuant to Section 4006.”

12. Hydromorphone (brand name "Dilaudid") is a Schedule II controlled substance as designated by Health and Safety Code section 11055(b)(1)(K) and a dangerous drug as defined by Code section 4022. It is a narcotic analgesic.

13. Oxycodone (brand name “Percocet” when mixed with Acetaminophen) a Schedule II controlled substance as designated by Health and Safety Code section 11055, subdivision (b)(1)(N), and a dangerous drug within the meaning of Code section 4022.

14. Meperidine (brand name “Demerol”), and is a Schedule II controlled substance pursuant to Health and Safety Code section 11055, subdivision (c)(17), and a dangerous drug within the meaning of Code section 4022.

15. Hydrocodone (brand name “Vicodin” when mixed with Acetaminophen), is a Schedule II controlled substance as designated by Health and Safety Code section 11055, subdivision (b)(1)(J), and a dangerous drug within the meaning of Code section 4022.

FACTUAL BACKGROUND

16. From about March 26, 2006, until about February 26, 2007, Respondent was employed as Registered Nurse at Kaiser Permanente Medical Center in Redwood City. Respondent had the highest usage of all nurses in the entire Kaiser facility for Demerol, Codeine, Dilaudid, Morphine, Vicodin, and Valium. Respondent admitted she diverted controlled substances/dangerous drugs from the Kaiser facility for personal use. Respondent was terminated from her position as a Registered Nurse at Kaiser Permanente for violating Kaiser's "Medication Administrative Record" and "Controlled Substance" policies.

17. On or about May 4, 2007, Respondent entered into the Board's Diversion program. Respondent admitted she used alcohol and abused prescription drugs. On or about August 16,

1 2007, Respondent was terminated from diversion as an applicant public risk. Respondent failed
2 comply with the requirements of the program and failed respond to written requests for
3 compliance.

4 18. As set forth below, while working as Registered Nurse at Kaiser Permanente Medical
5 Center in Redwood City, Respondent obtained controlled substances for patient administration,
6 but failed to account for some or all of the controlled substances she removed. Respondent
7 obtained controlled substances without a physician's order to do so. Respondent obtained
8 controlled substances for patients in a manner contradictory to the physicians' orders.
9 Respondent obtained controlled substances for patients who had been discharged.

10 **Patient AV¹**

11 19. On February 12, 2007, Patient AV's doctor ordered "Hydromorphone (Dilaudid) 0.5
12 mg IV push every 2 hours, as needed". On or about February 13, 2007 at 08:57:17 hours,
13 Respondent removed a 1 ml syringe containing 2 mg of Hydromorphone from the Pyxis²
14 machine for Patient AV. Respondent charted the administration of 0.5 mg Hydromorphone at
15 0900 hours, but failed to chart the administration or otherwise account for the remaining 1.5 mg
16 of Hydromorphone.

17 20. On or about February 13, 2007, at 10:49:15 hours, Respondent removed a 1 ml
18 syringe containing 2 mg of Hydromorphone from the Pyxis machine for Patient AV. Respondent
19 charted the administration of 0.5 mg Hydromorphone at 1100 hours, but failed to chart the
20 administration or otherwise account for the remaining 1.5 mg of Hydromorphone.

21 21. On February 13, 2007, at 12:14:40 hours, Respondent removed a 1 ml syringe
22 containing 2 mg of Hydromorphone from the Pyxis machine for Patient AV. Respondent failed to

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24 ¹Patient initials are used herein for privacy purposes. The names of the patients referenced will
be released pursuant to a request for discovery.

25 ²Pyxis is a brand name for an automated medication dispensing and supply system. A PIN
26 access code is used to access controlled substances from the Pyxis system which automatically
27 logs all transactions identifying the name of the person accessing the system, the name of the
patient for whom the substance has been obtained, and the date, time and dosage being
28 obtained.

1 chart the administration or otherwise account for the Hydromorphone. Respondent had
2 previously administered Hydromorphone to Patient AV at 1100 hours, one hour and fourteen
3 minutes prior to her withdrawing this dose of Hydromorphone which was against the doctor's
4 orders of administering Hydromorphone every two hours.

5 22. On February 13, 2007, at 12:45:31 hours, Respondent removed a 1 ml syringe
6 containing 2 mg of Hydromorphone from the Pyxis machine for Patient AV. Respondent failed to
7 chart the administration or otherwise account for the Hydromorphone.

8 23. On February 13, 2007, at 15:03:59 hours, Respondent removed a 1 ml syringe
9 containing 2 mg of Hydromorphone from the Pyxis machine for Patient AV. Respondent charted
10 the administration of 0.5 mg of Hydromorphone at 1600 hours, but failed to chart the
11 administration or otherwise account for the remaining 1.5 mg of Hydromorphone.

12 24. On February 13, 2007, at 16:28:59 hours, Respondent removed a 1 ml syringe
13 containing 2 mg of Hydromorphone from the Pyxis machine for Patient AV but failed to chart the
14 administration or otherwise account for one Hydromorphone. Respondent had previously
15 administered Hydromorphone to Patient AV at 1600 hours, twenty-eight minutes prior to her
16 withdrawing this dose of Hydromorphone which is against the doctor's orders of administering
17 Hydromorphone every two hours.

18 25. On February 13, 2007, at 13:06:15, Respondent removed a 1 ml syringe containing
19 100 mg of Meperidine from the Pyxis machine for Patient AV. Respondent failed to chart
20 administration or otherwise account for the Meperidine. There was no doctor's order for
21 Meperidine in Patient AV's chart.

22 26. On February 13, 2007, at 14:44:39, Respondent removed a 1 ml syringe containing
23 100 mg of Meperidine from the Pyxis machine for Patient AV. Respondent failed to chart
24 administration or otherwise account for the Meperidine. There was no doctor's order for
25 Meperidine in Patient AV's chart.

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27 **Patient CP**

1 27. On February 13, 2007, at 09:05:56 hours, Respondent removed a 1 ml syringe
2 containing 100 mg of Meperidine (Demerol) from the Pyxis machine for Patient CP. There was
3 no doctor's order for Meperidine in Patient CP's chart. Respondent failed to chart the
4 administration or otherwise account for the Meperidine (Demerol).

5 28. On February 13, 2007, at 09:36:41 hours, Respondent removed a 1 ml syringe
6 containing 100 mg of Meperidine (Demerol) from the Pyxis machine for Patient CP. There was
7 no doctor's order for Meperidine in Patient CP's chart. Respondent failed to chart the
8 administration or otherwise account for the Meperidine (Demerol).

9 29. On February 13, 2007, at 14:11:58 hours, Respondent removed a 1 ml syringe
10 containing 100 mg of Meperidine (Demerol) from the Pyxis machine for Patient CP. There was
11 no doctor's order for Meperidine in Patient CP's chart. Respondent failed to chart the
12 administration or otherwise account for the Meperidine (Demerol).

13 30. On February 13, 2007, at 14:45:06 hours, Respondent removed a 1 ml syringe
14 containing 100 mg of Meperidine (Demerol) from the Pyxis machine for Patient CP. There was
15 no doctor's order for Meperidine in Patient CP's chart. Respondent failed to chart the
16 administration or otherwise account for the Meperidine (Demerol).

17 31. On February 12, 2007, Patient CP's doctor ordered "Oxycodone 5 mg/Acetaminophen
18 325 mg (Percocet) 1-2 tablets orally every 4 hours as needed". On February 13, 2007, at 11:02:20
19 hours, Respondent removed two 5 mg/325 mg tablets of Oxycodone/Acetaminophen (Percocet)
20 from the Pyxis machine for Patient CP. Respondent failed to chart the administration or
21 otherwise account for two tablets of Oxycodone/Acetaminophen (Percocet).

22 **Patient AS**

23 32. On February 12, 2007, at 08:40:12 hours, Respondent removed a 1 ml syringe
24 containing 100 mg of Meperidine (Demerol) from the Pyxis machine for Patient AS. There was
25 no doctor's order for Meperidine (Demerol) in Patient AS's chart. Respondent failed to chart or
26 otherwise account for the Meperidine (Demerol).

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1 33. On February 12, 2007, at 09:21:02 hours, Respondent removed a 1 ml syringe
2 containing 100 mg of Meperidine (Demerol) from the Pyxis machine for Patient AS. There was
3 no doctor's order for Meperidine (Demerol) in Patient AS's chart. Respondent failed to chart or
4 otherwise account for the Meperidine (Demerol).

5 34. On February 12, 2007, at 12:33:41 hours, Respondent removed a 1 ml syringe
6 containing 100 mg of Meperidine (Demerol) from the Pyxis machine for Patient AS. There was
7 no doctor's order for Meperidine (Demerol) in Patient AS's chart. Respondent failed to chart or
8 otherwise account for the Meperidine (Demerol).

9 35. On February 13, 2007, at 07:49:19 hours, Respondent removed a 1 ml syringe
10 containing 100 mg of Meperidine (Demerol) from the Pyxis machine for Patient AS. There was
11 no doctor's order for Meperidine (Demerol) in Patient AS's chart. Respondent failed to chart or
12 otherwise account for the Meperidine (Demerol).

13 36. On February 13, 2007, at 08:31:00 hours, Respondent removed a 1 ml syringe
14 containing 100 mg of Meperidine (Demerol) from the Pyxis machine for Patient AS. There was
15 no doctor's order for Meperidine (Demerol) in Patient AS's chart. Respondent charted the
16 administration of Meperidine at 0900 hours on a handwritten Medication Administration Record

17 **Patient DK**

18 37. On February 13, 2007, at 10:22:54 hours, Respondent removed a 1 ml syringe
19 containing 100 mg of Meperidine (Demerol) from the Pyxis machine for Patient DK. Respondent
20 failed to chart the administration or otherwise account for the Meperidine (Demerol). Pursuant
21 to the nursing notes, Patient DK was discharged on February 13, 2007, at 10:00 AM, 22 minutes
22 before Respondent removed the Meperidine (Demerol) from the Pyxis machine.

23 38. On February 13, 2007, at 11:08:55 hours, Respondent removed a 1 ml syringe
24 containing 100 mg of Meperidine (Demerol) from the Pyxis machine for Patient DK. Respondent
25 failed to chart the administration or otherwise account for the Meperidine (Demerol). Pursuant to
26 the nursing notes, Patient DK was discharged on February 13, 2007, at 10:00 AM, over an hour
27 before Respondent removed the Meperidine (Demerol) from the Pyxis machine.

1 39. On February 13, 2007, at 12:20:54 hours, Respondent removed a 1 ml syringe
2 containing 100 mg of Meperidine (Demerol) from the Pyxis machine for Patient DK. Respondent
3 failed to chart the administration or otherwise account for the Meperidine (Demerol). Pursuant to
4 the nursing notes, Patient DK was discharged on February 13, 2007, at 10:00 AM, two hours and
5 20 minutes before Respondent removed the Meperidine (Demerol) from the Pyxis machine.

6 **Patient EN**

7 40. On February 12, 2007, at 10:10:11 hours, Respondent removed a 1 ml syringe
8 containing 100 mg of Meperidine (Demerol) from the Pyxis machine for Patient EN. Respondent
9 failed to chart the administration or otherwise account for the Meperidine (Demerol). According
10 to the Respondent's notes, Respondent discharged patient EN on February 12, 2007, at 9:00, over
11 an hour before she removed the Meperidine (Demerol).

12 41. On February 12, 2007, at 10:52:33 hours, Respondent removed a 1 ml syringe
13 containing 100 mg of Meperidine (Demerol) from the Pyxis machine for Patient EN. Respondent
14 failed to chart the administration or otherwise account for the Meperidine (Demerol).

15 42. On February 12, 2007, Respondent removed two tabs of 5 mg/500 mg
16 Hydrocodone/Acetaminophen (Vicodin) from the Pyxis machine for Patient EN. Respondent
17 charted the administration of one tab of Hydrocodone/Acetaminophen (Vicodin) at 09:30, but
18 failed to chart or otherwise account for the other tab.

19 **FIRST CAUSE FOR DISCIPLINE**

20 (Possession of Controlled Substances/Dangerous Drugs)

21 43. Respondent is subject to disciplinary action under section 2762(a) of the code in that
22 Respondent illegally obtained and/or possessed controlled substances/dangerous drugs. The
23 circumstances are described in Paragraphs 17-42, above.

24 **SECOND CAUSE FOR DISCIPLINE**

25 (Use of Controlled Substances/Dangerous Drugs)

26 44. Respondent is subject to disciplinary action under Section 2762(b) of the code in that
27 Respondent used controlled substances/dangerous drugs and alcohol in a manner that was
28 dangerous and injurious to herself and others. Respondent also used controlled substances /

1 dangerous drugs to an extent that impaired her ability to safely practice registered nursing. The
2 circumstances are described in Paragraphs 16-42, above.

3 **THIRD CAUSE FOR DISCIPLINE**

4 (False, Grossly Incorrect, and/or Grossly Inconsistent Records)

5 45. Respondent is subject to disciplinary action under Section 2762(e) of the code in that
6 Respondent made false, grossly incorrect, and/or grossly inconsistent entries in any hospital,
7 patient, and other record pertaining to controlled substances/dangerous drugs. The circumstances
8 are described in Paragraphs 19-42, above.

9 **FOURTH CAUSE FOR DISCIPLINE**

10 (Gross Negligence)

11 46. Respondent is subject to disciplinary action under Section 2761(a)(1) of the code and
12 California Code of Regulations Title 16, section 1442 in that Respondent was grossly negligent in
13 carrying out her licensed nursing functions. The circumstances are described in Paragraphs 19-
14 42, above.

15 **FIFTH CAUSE FOR DISCIPLINE**

16 (Unprofessional Conduct)

17 47. Respondent is subject to disciplinary action under Section 2761(a) of the code in that
18 Respondent was involved in unprofessional conduct. The circumstances are described in
19 Paragraphs 16-42, above.

20 **PRAYER**

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22 WHEREFORE, Complainant requests that a hearing be held on the matters herein alleged,
23 and that following the hearing, the Board of Registered Nursing issue a decision:


24 1. Revoking or suspending Registered Nurse License Number 509342, issued to
25 Kathleen Joan Mora.

26 2. Ordering Kathleen Joan Mora to pay the Board of Registered Nursing the reasonable
27 costs of the investigation and enforcement of this case, pursuant to Business and Professions
28 Code section 125.3;

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3. Taking such other and further action as deemed necessary and proper.

DATED: 9/15/09


LOUISE R. BAILEY, M.ED., RN
Interim Executive Officer
Board of Registered Nursing
Department of Consumer Affairs
State of California
Complainant

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